

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	To Be Assigned
	Filing Date	Concurrent Herewith
	First Named Inventor	Eyal BEN-AROYA
	Title	Apparatus and Method for...
	Art Unit	To Be Assigned
	Examiner Name	To Be Assigned
	Attorney Docket Number	047141.001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 25461

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

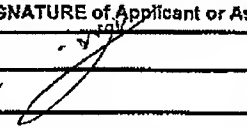
<input type="checkbox"/> Firm or individual Name	Omri BENTOV		
Address	16/6 Hapashosh Street		
City	Kfar Saba	State	ZIP 44246
Country	Israel		
Telephone		Email	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	3/24/2006
Name	Omri BENTOV	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Asaf GIGI		
Address	356 Hachoresch Street		
City	Carmiel	State	ZIP 21711
Country	Israel		
Telephone		Email	

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Asaf GIGI</i>	Date	3/21/2006
Name	Asaf GIGI	Telephone	
Title and Company			

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☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Yossi OFEK

Address

33 Hayahalom Street

City

Tel Mond

State

ZIP 40600

Country

Israel

Telephone

Email

I am the:

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Signature

Yossi Ofek

Date

3/21/2006

Name

Yossi OFEK

Telephone

Title and Company

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☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Adam WEINBERG		
Address	74 Savidor Street		
City	Netanya	State	ZIP 42655
Country	Israel		
Telephone	Email		

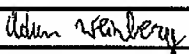
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Signature		Date	21-MAR-2006
Name	Adam WEINBERG	Telephone	
Title and Company			

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This collection of information is required by 37 CFR 1.51, 1.52 and 1.53. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Eyal BEN-AROYA		
Address	8/26 Paldi Street		
City	Rehovot	State	ZIP 76248
Country	Israel		
Telephone		Email	

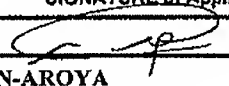
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	21-MAR-06
Name	Eyal BEN-AROYA	Telephone	
Title and Company			

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